



**ALL BLANKS MUST BE COMPLETED.** If additional space is needed on any question please attach extra pages.

In accordance with the provisions of Chapter 13-08, NDCC - Deferred Presentment Service Providers, application is hereby made to conduct business as a **Deferred Presentment Service Provider**.

[illegible]

**4. List the following ownership information for the applicant: If the applicant is a sole proprietorship, the name of the proprietor; if a partnership, the names of the partners; if a corporation or limited liability company, any person owning twenty-five (25) percent or more of the capital stock as of the date of the application. Provide a financial statement for each individual listed.**

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE	* SOCIAL SECURITY NUMBER	PERCENT OF STOCK HELD

5. Name of Manager and attach resume (the person who will be actively in charge of the business)

Business Address				Telephone Number		Fax Number	
City				State	Zip Code		E-Mail Address

\* Manager's Social Security Number

6. Name of Contact Person if Other Than Manager

Business Address				Telephone Number		Fax Number	
City				State	Zip Code		E-Mail Address

\* Contact Person's Social Security Number

7. Please select the proposed business activities the applicant intends to conduct in North Dakota. List any that are not included below.

[illegible]

8. List the names and addresses of all financial institution(s) in which the applicant (licensee) has a business relationship (including deposit accounts, loans, lines of credit, letters of credit, and other similar relationships).					
NAME OF INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER(S)	ADDRESS (City, State, Zip)	TELEPHONE NUMBER	E-MAIL ADDRESS

9. Has the applicant and/or any individual listed in this application ever had this or a similar license in ND or any other state or been a member of a licensed partnership, or an officer or director of a licensed corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes    List					
NAME OF INDIVIDUAL	BUSINESS NAME USED	STATE LICENSED	LICENSE NUMBER	TYPE OF LICENSE	DATES HELD

10. Is the applicant currently operating in any states that do not require licensing? <input type="checkbox"/> No <input type="checkbox"/> Yes    List	
BUSINESS NAME USED	STATE

Please Attach Additional Sheets if More Space is Needed for Questions 9 - 11.

11. (A) Has the applicant's/any individual's license in another state ever been denied, suspended or revoked or has the applicant/any individual been a party to an enforcement order, or paid civil money penalties? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain

(B) Does applicant/any individual have any administrative investigations or orders pending in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain

(C) Has judgment ever been entered against the applicant/any individual in any civil matter involving any transaction of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain.
If judgment was obtained, has it been paid? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain.
If no, give current status of judgment.

(D) Has the applicant/any individual ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain

(E) Has the applicant/any individual ever been convicted in any state or federal court of a crime of forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery? <input type="checkbox"/> No <input type="checkbox"/> Yes - Furnish details on separate sheet and attach to application.
--

- \* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to obtain credit information from any credit reporting agency.

**Upon completion, forward the following documents to:**

**DEPARTMENT OF FINANCIAL INSTITUTIONS  
2000 SCHAFER STREET, SUITE G  
BISMARCK, ND 58501-1204**

Application Form

Application Fees: (Make check payable to Department of Financial Institutions)

The \$850 fee applies for each application (location) and does not allow for a reduction for multiple applications.

\$400 Investigation Fee

\$450 Annual License Fee

Please attach a copy of the license/certificate from the home state or domicile of the applicant.

Enclose a surety bond. (Surety Bond Form SFN 52923). A minimum of a \$20,000 bond is based on receivables less than \$100,000; a minimum \$50,000 bond is based on receivables from \$100,000 to \$250,000; a minimum of \$75,000 bond is based on receivables greater than \$250,000, pursuant to North Dakota Administrative Code Section 13-06-01-03. The commissioner may require a higher bond in the commissioner's sole discretion.

Financial Statement(s)

- (A) Attach to the application a financial statement including balance sheet and an income statement of the proposed applicant. The financial statement must include a sworn declaration as to accuracy unless it is a CPA audited financial statement.
- (B) Additionally, an individual financial statement must be submitted for: the proprietor, if the applicant is a sole proprietorship; if a partnership, each general partner, and the partnership; if a corporation or limited liability company, each person owning 25 percent or more of the corporation/company stock.

Projection for the highest volume of business within the next fiscal year ending June 30th \$ \_\_\_\_\_

Attach an organizational chart of the applicant and the parent company, if the applicant is a subsidiary corporation or limited liability company.

Resume of the proposed manager.

Fingerprint cards for principal shareholders and manager.

Photographs of both the interior and exterior of the business location.

Provide a copy of the privacy (policy) notice as required in 16 CFR Part 313 by the Federal Trade Commission and Disclosure Statement as required in Administrative Code Chapter 13-06-01-11.

Would the applicant wish to receive on-line notification to renew their license? If yes, would the applicant be interested in renewing online?

**IMPORTANT: Report any change(s) of the applicant to the Department of Financial Institutions within fifteen days of such change(s).**

**SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE**

State of \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

I HEREBY CERTIFY that, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the undersigned has/have executed the foregoing Application for and on behalf of the Applicant, being duly authorized to do so; and further that the information and statements contained in the foregoing Application, including all exhibits and other documents attached thereto and all other information filed therewith, all of which are made a part of the foregoing Application, are correct, true, accurate and complete; and further that the Applicant knows and understands that, if the Applicant has knowingly made a false statement of a material fact in this Application or in any documentation provided to support the foregoing Application, then the foregoing Application may be denied and the Applicant may be subject to civil and/or criminal penalties under N.D.C.C. 13-08-15.

Name of Applicant (Leave blank if individual)
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory

## Acknowledgement

State of \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

The foregoing Application for a Deferred Presentment Service Provider License was acknowledged before me by \_\_\_\_\_ and by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

(SEAL)

Notary Public

My Commission Expires:

STATE OF NORTH DAKOTA  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
2000 SCHAFER STREET, SUITE G  
BISMARCK, ND 58501-1204

I hereby authorize any person or entity contacted by the North Dakota Department of Financial Institutions with regard to my application for a license to release to the department any and all information requested, including information from any credit reporting agency.

Name of Applicant (Licensee)	Print Name of Individual Signing this Page
Signature <b>X</b>	Date

(Please copy this page for each individual identified in Items No. 3 thru 6 to sign, and return with your application to this Department.)